9	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 REPORT NO. E403858	2 3 27
	INTERSTATE CITY STREET V FIRE RESULTED CASE # 15-00514	2
11	STATE ROUTE OTHER STOLEN VEHICLE CODING COUNTY RD PRIVATE WAY DIRECTION OF THE RUN INVOLVED DIR	3
2 1	TOTAL # OF UNITS O3 OBJECT STRUCK	1 8 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	2
	DATE OF COLLISION 02 - 23 - 2015 1437 31 N E N OF 0664	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
4a	MILE POST 9700	0 1 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) MILES N E W	
	UNIT 01 MOTOR PEOAL- PHONE PHONE D: 3608623484	0 7 30
6 5	LAST NAME FRAZEE FIRST NAME DELANIE MIDDLE INITIAL S	
	STREET NEW ADDRESS 1811 92ND DR SE	
7	CITY LAKE STEVENS ST WA ZIP 982583755	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9 9	DRIVER'S FRAZEDS023M7 STATE WA SEX F D.O.B. 07 _ 27 _ 1998	3
10 9	ON DUTY STATUS AIRBAG 9 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	1 2 32
11 3 5	LICENSE PLATE # ART9731 STATE WA VIN# 1FAFP34N75W309679	2
	TRAILER CTATE TRAILER CTATE	3
12 3 5	VEH. YEAR 2005 MAKE FORD MODEL FOC4D STYLE 4D VEHICLE TOWED BY SOUT, VEHICLE TOWED BY VEST NOV.	FROM TO
13 4	REGISTERED OWNER INFO. HEATHER STAHL 1811 92ND DR SE LAKE STEVENS WA 98258 VEHICLE NO. 1 SHADE IN DAMAGED AREA	3 7 33
14 4	LIABILITY INSURANCE IN STATE FARM 3635366B2247 IN EFFECT VEHSTE VISIT INC. CHARGE CHARGE	9 9 34
15 2	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY OWNER PHONE D: 4253970352	4 35
16 2	LAST NAME THOMAS FIRST NAME SHARON MIDDLE L	4 36
17	STREET NEW ADDRESS 12310 10TH ST NE	37
18	CITY LAKE STEVENS ST WA ZIP 982580000	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # THOMASL492JR STATE WA SEX F D.O.B. 04 - 19 - 1951	40
21	ON DUTY C STATUS ADDAG 2 DESTE 4 SUCCE 1 HELMET 2 INJURY 1 NATURE OF INJURIES	
22	LICENSE	
23	TRAILER CTATE TRAILER CTATE	1
	VEH. YEAR 2013 MAKE HOND MODEL CRV UTIL STYLE VEHICLE TOWED BY GOVERN INDICATE TOWED BY STATE TO	
24	REGISTERED OWNER INFO. MARK THOMAS 12310 10TH ST NE LAKE STEVENS WA 98258 VEHICLE NO. 2 SHADEW DAMAGED AREA	1 42
	LIABILITY INSURANCE INSURANCE CO 21ST CENTURY NORTH AMERICA INS CO 2HGFG128X9H526659 N POLICY # 10P	
25	OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY AGENCY	
26	PART A 3000-345-159 R (7/06)	



WITNESS

UNIT #

UNIT #

NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #

NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #

PASSENGER WITNESS

PASSENGER WITNESS

NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #

PASSENGER [



SEAT POS.

CORRECTION

REPORT NO.

D.O.B.

INJURY

E403858

NATURE OF INJURIES

C	ASE	#
~	\sim	77

					D.O.B.]-[_]-
SEAT POS.	AIRBAG	RESTR,	EJECT	HELMET USE	INJURY CLASS	NATU	RE OF INJURIES
					D.O.B.		-
SEAT	AIRBAG	RESTR.	EJECT	HELMET	INJURY CLASS	NATU	RE OF INJURIES

SEX

EJECT

HELMET USE

NARRATIVE

RESTR.

On 02/23/15 at about 1437 hours, (all times approximate) I was dispatched to a collision at 9900 block of Lundeen Park Way in the city of Lake Stevens.

AIRBAG

Vehicle 2 (LIC: AQN7222) and Vehicle 3 (LIC: 740ZIW) were legally stopped in the 9900 block of Lundeen Park Way for traffic in front of them. The driver of Vehicle 1 (LIC: ART9731) stated she looked down for something and when she looked back up the cars in front of her were stopped.

Vehicle 1 (LIC: ART9731) collided into the rear end of Vehicle 2 which pushed Vehicle 2 into the rear end of Vehicle 3.

I took digital photographs of damaged vehicles, which were later printed and added to the case report and copied to a compact disk and booked into evidence.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127		02-26-15 03:44			PM				
NVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED		PLACE SIGNED				
APPROVED BY SGT. C. VALVICK 71				DATE 2/27/2015 1:56:03 PM					
BADGE OR ID # 127	ORI#	WA0311900	TIME POLICE	DISPATCHED	2:37 PM	TIME POLICE ARRIVED	2:41 PM		

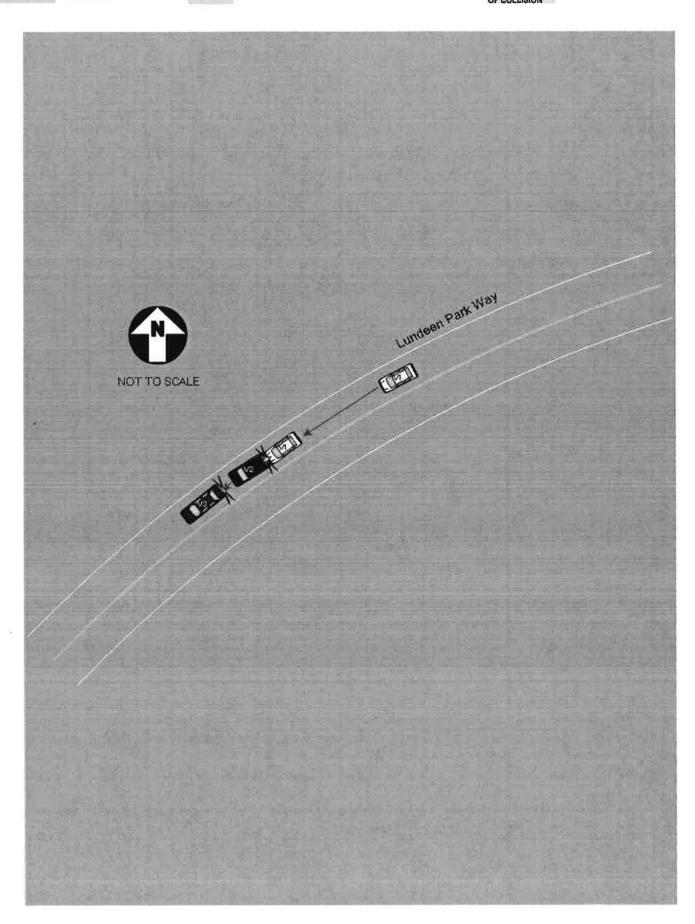


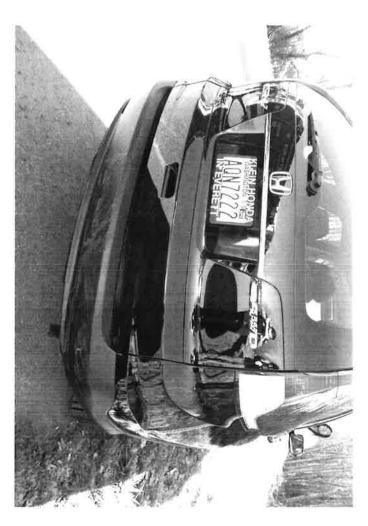


DE	$D \cap$	DT	NO.
- 17	Г		NO.

E40	38	58
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		COLLISION	AFFIC REPORT	013197	1	CASE#	15-00514					2	8 2
1 1		COMMERC	CIAL MOTOR CA					INTE	ERSTATE	INTRASTAT	E	3	
2 1	7	UNIT#	USDOT			ICC#		VEH	HICLE TYPE	CARGO E TYPE	BODY	1	2
<u> </u>	_	CARRIER NAME										2	\exists
3 1		CARRIER ADDRESS							\$F			5	\exists
_	7	CITY					ST	ZIP					_
<u></u>		NAME SOURCE	AXLES	GVWR		PLAC	ARD]+[NAME IF N	O NUMBER		0	7 2
a		ADDITION					- 15000	SP WINDERING IST	PHONE				
5		UNIT #	3 MOTOR VEHICLE	PEDAL- GYCLE	PEDESTRIAN [PROPER OWNER	TY DAMAC	NO V	D: 42587	90085			
		LAST NAME	TURNER			FIRST	NAME CAME	RON		MIE	DDLE TIAL J		3
	7	STREET NEW ADDRESS	11132 42ND ST	SE									
6 5]	CITY	SNOHOMISH				ST	WA ZIP	982905580				
_	1	CDL		RESTRIC	CTIONS B			ENDORSEME	NTS			, 1	2 3
<u>'</u> _	_	DRIVER'S LICENSE #	TURNECJ023M9			STATE	WA SEX F	D.O.B.	07 _ 29	_ 1998		,	=
8	_	ON DUTY	STATUS AIRBAG	2 RESTR. 4	EJECT 1	HELMET USE	2 INJURY 1	NATURE	OF INJURIES			3	=
9]	LICENSE 7402	:iw	STA	WA VI	YS3EF4	5E3X3005386					,	3
]	TRAILER PLATE #			STATE	TI P	RAILER LATE #			STAT	E	2	
3	5	VEH_YEAR 1999	MAKE SAA	MODEL 9-54D	STYLE		CLE TOWED TOWER	D BY		-	OVT. VEHICLE	3	\exists
	Ħ	REGISTERED OWN	ER INFO, MICHELE TURNER							SHADE IN DAMA		<u> </u>	
4	7	LIABILITY INSURANCE IN EFFECT VEHICLE YES	INSURANCE CO . & POLICY #	STATE FARM 3623298B25	47	CHARGE				10 80		9	9 3
<u> </u>	<u> </u>	UNIT #	MOTOR	PEDAL-	DEDECTRIAL	PROPER	TY DAYLA	GE THRESHOLD M	PHONE	8 7	- ♥	FROM	10
2	1		VEHICLE	CYCLE	PEDESTRIAN L	OWNER] " []		МІГ	DDLE DDLE		3
]	STREET				FIRS	NAME			INI	TIAL	4	3
·		NEW ADDRESS					T					Ш	3
		CITY					ST	ZIP					3
В]	CDL		RESTRIC	CTIONS			ENDORSEME	NTS				3
	7	DRIVER'S LICENSE #				STATE	SEX	D.O.B. MMDDYYYY					3
]	ОМ ВИТУ	STATUS AIRBAG	RESTH.	EJECT	HELMET USE	INJURY CLASS	NATURE	ÖF INJURIES				4
<u> </u>		LICENSE PLATE #		STA	te VII	V#							
Ľ		TRAILER PLATE #			STATE		RAILER LATE #			STAT	E		
2		VEH, YEAR	MAKE	MODEL	STYLE	VEHI YES	CLE TOWED TOWE	D BY		G	OVT. VEHICLE IES NO		
3		REGISTERED OWN			1					SHADE IN DAM	AGED AREA	1	4
4	П	LIABILITY INSURANCE IN EFFECT VEHICLE YES STANDING	INSURANCE CO & POLICY #			CHARGE				11.1	ор ттом		4
_			RE) UNDER PENALTY OF PE	ERJURY UNDER THE LAY	VS OF THE STATE	OF WASHING	TON THAT THE FOR	EGOING IS TRUE	AND CORRECT. (R	CW 9A.72.085)	6		all.
_		N. ADAMS #1	27 DFFICER'S SIGNATURE	UNIT OR DIS	ST DET	02-26-15 DATED:	5 03:44 PM	PI	ACE SIGNED				
				WA0311900			APPROYED BY VALVICK	2/27/		_ [,	25 4		
		BADGE OR ID # 127	#	VVAU377900			VALVICK	2/2//	2015 PAG	E []	DF 4		

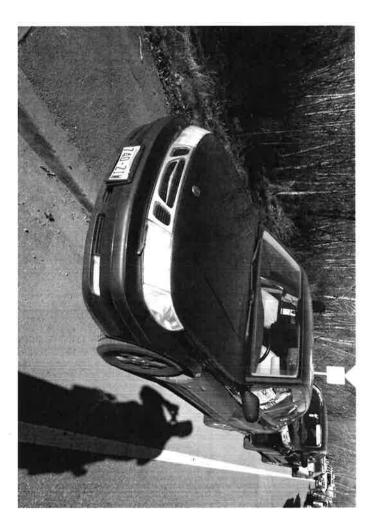


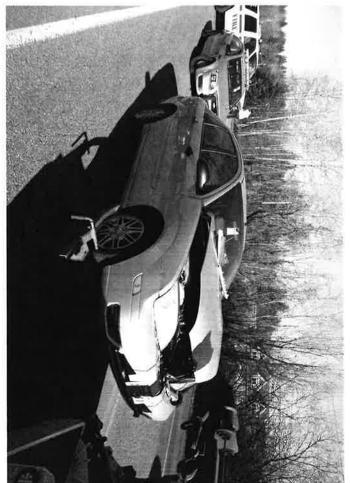












LAKE STEVENS POLICE Primary Officer/Badge Number Case Number 15-00514 EVIDENCE UNIT Collision Date/Time: 02/26/15 1526 Felony / Wisdemeanor (Circle) Type of Crime: Type of Case: Collision *Evi will be held until court dispo or when the Statute of Limitations has expired Action Number: *Found and Sfkg will be held for 60 days or 60 days past owner notification 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING Item # **Brand Name** Storage Location CD with (Further Description) Brand/Model/Caliber Action # Where Found Weight of Narcotic Serial # City Zip Phone # Barcode goes here Owner's Name Address Owner Signature/Other remarks /additional information/ special instructions #127 Case # **Brand Name** Storage Location Item # Disposition (Further Description) Brand/Model/Caliber Action # Weight of Narcotic Serial # Where Found City State Phone # Barcode goes here Owner's Name Address Zip Owner Signature/Other remarks /additional information/ special instructions **Brand Name** Storage Location Disposition Item # Item Brand/Model/Caliber (Further Description) Action # Serial # Where Found Weight of Narcotic Address Owner's Name City State Zip Phone # Barcode goes here Owner Signature/Other remarks /additional information/ special instructions Brand Name Storage Location Disposition Item # Brand/Model/Caliber (Further Description) Action # Weight of Narcotic Where Found Serial # Address Zip Phone # Barcode goes here Owner's Name Owner Signature/Other remarks /additional information/ special instructions **Brand Name** Storage Location Disposition Item # Item Brand/Model/Caliber (Further Description) Action # Serial # Where Found Weight of Narcotic Phone # Barcode goes here Address State Owner's Name City Zip Owner Signature/Other remarks /additional information/ special instructions Evidence Control Use Only: Received by Evidence: NCIC/WACIC √ Date: CAD/RMS Checked ROUTING: NCIC/WACIC + Owner Letter Sent: White: Property Room Name: _____# ____ Date:

NCIC/WACIC -

Date:

Date:

Time: __

Yellow: Case File

Owner Letter Sent:

Incident History for: #SS15003588 Xref: #SS15003590 Case Numbers: \$SS15000514 Entered 02/23/15 14:37:06 BY SPCT04 SP0285 02/23/15 Dispatched 14:37:25 BY SPDP17 SP0112 02/23/15 14:37:25 Enroute Onscene 02/23/15 14:41:47 Closed 02/23/15 15:14:02 Initial Type: COL Initial Alarm Level: Final Alarm Level: Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-5 Group: SS1 Beat: NORT Src: T Loc: 99 AV NE/LUNDEEN PARK WY, LKS (V) Loc Info: ON LUNDEEN Name: RUSSELL HOPE Addr: Phone: 4253209341 , AC, NON INJ, BLKING, WHI 4DR PC VS 2ND VEH /1437(SP0285) **ENTRY** (SP0112) DISPER 19D3 #SS127 ADAMS, OFFICER (NATHAN) /1437/1437ASSTER 19S15 [99 AV NE/LUNDEEN PARK WY , LKS] #SS112 WARBIS, OFFICER (STEVE) /1438\$CROSS #SS15003590 DUP #SS15003590 /1438/1438DUP NAM: THOMAS, SHARON PHO: 4258706448 /1439\$CROSS #SS15003591 /1439DUP #SS15003591 /1439DUP NAM: GUMM, DEBBIE ADR: PASSERBY PHO: 4253277197 /1441ONSCNE 19D3 /1441**ONSCNE** 19S15 19D3 /1448**ASNCAS** \$SS15000514 /1449 (SS127) *ONSCNE 19D3 5745 LKS RESCUE TOWING (SP0112) ROTREQ /145219815 4253345821 , SMALL PC FRONT END DAMAGE /1454(SS127) REMINQ 19D3 MDTWANT,,,,,,, WA, FRAZEDS023M7,,,,,,,,,,,, REMINQ 19D3 MDTWANT, , , , , , , WA, THOMASL492JR, , , , , , , , , , /1454(SS112) *CLEAR 19S15 /1512D/D(SP0194) /1514CLEAR 19D3 D/H

/1514

CLOSE

19D3